

To:
Case Management
Providers
HMOs and Other
Managed Care
Programs

Two Modifiers Required When Submitting Claims for Case Management Services

Wisconsin Medicaid Is Enforcing Policy

Effective immediately, Wisconsin Medicaid may deny claims for case management services that do not include *both* of the following:

- Modifier “U1,” “U2,” “U3,” or “U4” to describe the service provided.
- Modifier “U5” or “U6” to indicate whether or not the recipient is a Community Options Program (COP) participant.

Providers were notified of this requirement in the July 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-46), titled “Changes to local codes and paper claims for case management services as a result of HIPAA.” According to *Update* 2003-46, case management providers are required to use two modifiers when submitting claims for case management services. One modifier is used to identify the service provided and the other modifier is used to indicate whether or not the recipient is a COP participant. This is not a change in policy; this has been a requirement since October 2003.

For detailed policy and billing information, refer to the Case Management Handbook and to *Update* 2003-46.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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